

<b>CLAIMS ONLY</b>							Application Number <div style="font-size: 1.2em; font-family: cursive;">10055285</div>		Filing Date 	
							Applicant(s) 			
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51			
2	/	/					52			
3		/					53			
4		/					54			
5		/					55			
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7		/					57			
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37		/					87			
38		/					88			
39	/	/					89			
40	/	/					90			
41	/	/					91			
42	/	/					92			
43	/	/					93			
44	/	/					94			
45	/	/					95			
46		/					96			
47		/					97			
48		/					98			
49		/					99			
50		/					100			
Total Indep	15						Total Indep			
Total Depend	30						Total Depend			
Total Claims	45						Total Claims			